

Application Data Sheet

Application Information

Application Type::	Nonprovisional
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	DEVICE AND METHOD FOR REDUCING CORNEAL INDUCED ABERRATIONS DURING OPHTHALMIC LASER SURGERY
Attorney Docket Number::	HO-P02250US2
Request for Early Publication?::	No
Request for Non-Publication?::	No
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Tibor
Family Name::	Juhasz
City of Residence::	Irvine
State or Province of Residence::	CA
Country of Residence::	US
Street of mailing address::	4 Heatherwood
City of mailing address::	Irvine
State or Province of mailing address::	CA
Postal or Zip Code of mailing address::	92620

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Ronald
Middle Name:: M.
Family Name:: Kurtz
City of Residence:: Irvine
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 4 Carina
City of mailing address:: Irvine
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 92612

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Carlos
Middle Name:: G.
Family Name:: Suarez
City of Residence:: Irvine
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 13 Fulton
City of mailing address:: Irvine
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 92620

Correspondence Information

Correspondence Customer Number:: 26271

Representative Information

Representative Customer Number:: 26271

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/834,979	04/13/01
09/834,979	Continuation of	09/172,819	10/15/98

Assignee Information

Assignee name:: INTRALASE CORP.
Street of mailing address:: IntraLase Corp.
3 Morgan
City of mailing address:: Irvine
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 92618